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13281 U.S. PTO

PTO/SB/05 (08-03)

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. 1.53(b))	Attorney Docket No.	10546/51502
	First Inventor	Linda D. Elbert, et al.
	Title	APPARATUS AND METHOD FOR THE INSERTION OF A MEDICAL DEVICE
	Express Mail Label No.	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <u>18</u>] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>5</u>]</p> <p>5. Oath or Declaration [Total Sheets <u>5</u>] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>	<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies</p> <p>ACCOMPANYING APPLICATIONS PARTS</p> <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) copy</p> <p>10. <input checked="" type="checkbox"/> 37 C.F.R. 3.73(b) Statement <input checked="" type="checkbox"/> Power of (when there is an assignee) copy Attorney (copy)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other:</p>

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,
or in an Application Data Sheet under 37 CFR 1.76:☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)of prior application No: 09 / 837,481

Prior application information:

Examiner Jennifer J. MaynardArt Unit: 3763For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b,
is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only
be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
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Name (Print/Type)	Douglas E. Ringel	Registration No. (Attorney/Agent)	34,416
Signature		Date	<u>Apr. 12, 2004</u>

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="font-size: small; margin: 5px 0;">Effective 10/01/2003. Patent fees are subject to annual revision.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p style="text-align: center; font-weight: bold; font-size: small;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>Unassigned</td> </tr> <tr> <td>Filing Date</td> <td>Herewith</td> </tr> <tr> <td>First Named Inventor</td> <td>Linda D. Elbert, et al.</td> </tr> <tr> <td>Examiner Name</td> <td>Jennifer J. Maynard (Anticipated)</td> </tr> <tr> <td>Art Unit</td> <td>3763 (Anticipated)</td> </tr> <tr> <td>Attorney Docket No.</td> <td>10546/51502</td> </tr> </table>		Application Number	Unassigned	Filing Date	Herewith	First Named Inventor	Linda D. Elbert, et al.	Examiner Name	Jennifer J. Maynard (Anticipated)	Art Unit	3763 (Anticipated)	Attorney Docket No.	10546/51502
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<p>TOTAL AMOUNT OF PAYMENT (\$) 770</p>															

<p style="text-align: center; font-weight: bold; font-size: small;">METHOD OF PAYMENT (check all that apply)</p> <p> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None </p> <p><input checked="" type="checkbox"/> Deposit Account:</p> <table style="width: 100%;"> <tr> <td style="width: 30%;">Deposit Account Number</td> <td>11-0600</td> </tr> <tr> <td>Deposit Account Name</td> <td>KENYON & KENYON</td> </tr> </table> <p>The Director is authorized to: (check all that apply)</p> <p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. </p>	Deposit Account Number	11-0600	Deposit Account Name	KENYON & KENYON	<p style="text-align: center; font-weight: bold; font-size: small;">FEE CALCULATION (continued)</p> <p>3. 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Douglas E. Ringel	Registration No. (Attorney/Agent)	34,416
Signature		Telephone	(202) 220-4200
		Date	Apr. 12, 2004

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